

Annexure - 3
Application for Deceased Claim
(To be used when account has nomination or is a joint account with survivor clause)

From

To

The Branch Manager,

.....Bank

_____ Branch

Dear Sir,

Re: Deceased Account Late Shri / Smt

Account No(s)

 I/We advise, the demise of Shri/Smt. _____ on
 _____ . He / She holds the following account(s)/Locker No.____ at your branch.

S.No	Type of Deposit	Account Number	In the name of	Specific Mandate given* (Y/N)	Date of Maturity	Amount (in Rs.)

*applicable only in case of Term Deposit Accounts with MOP – E or S / A or S / F or S

A. In case of Nomination

 I, _____
 son/daughter of Shri _____ residing
 at

_____am

(i) the registered nominee in the above account (s)

(ii) the person authorized to receive payment on behalf of Mr. / Master/ Miss / Baby

 _____ who is the nominee in the above account(s) and is
 a minor as on the date of the claim.

 I request you to close the account (s) and remit the balance in my account No.
 _____ held with _____ Bank with IFSC Code

_____ in my name. I/ am receiving the amount as trustee(s) of the legal heir(s) of the deceased account holder.

B. In the case of Joint Account

- 1) I/We request you to delete the name of deceased person and continue the account in my/our name(s) with mode of operation as _____. Mr. / Ms. _____ shall be the Primary Account Holder.

OR

- 2) I/We request to close the account (s) and remit the balance in my account No. _____ held with _____ Bank with IFSC Code _____ in my name.

** (✓ relevant option)

I/We submit photocopy of the following document(s) together with originals. Please return the original to us after verification.

Death Certificate issued by _____

Identity proof of Claimant: _____

Cancelled Cheque Copy of Bank / Bank Passbook:

I/We solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

Yours faithfully,

(Claimant(s))

Place:

Date:

Approved By:

Bank Official Name, Emp Id and Signature: